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		<u> </u>	***************************************	***************************************	(flate)
APPLICATION NO FILING DATE		FIRST NAMED INVENTOR	ATT	DRNEY DOCKET NO.	CONFIRMATION RO.
10/21/2005 TITLE OF INVENTION: METHOD FOR PROU FOR LETHIUM SECONDARY BATTERIES	PUCING LITHIUM CO	Yang Kook Sun MPOSITE OXIDE FOR U		8877-8004.US01 CTRODE ACTIVE MA	1388 VTERIAL
AFFLS, TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION PEE DUF	PREV PAID ISSUE FEE	TOTAL FEE(S) DUR	DATE DUE
nonprovisional YES	\$755	\$300	\$0	\$1055	10/14/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BOS, STEVEN J	1793	423-179500	3		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address for Change of Correspondence Address form PTO/Sh/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>		2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered strongey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is fisted, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA PLEASE NOTE: Unless an assignce is identi- recordation as set forth in 37 CFR 3.11. Comp (A) NAME OF ASSIGNEE INDUSTRY-UNIVERSITY COOPERATION Please check the appropriate assignce caucgory or	fied below, no assignce letion of this form is NO FOUNDATION HANY,	data will appear on the p If a substitute for filing an (B) KESIDENCE: (CITY ANG UNIVERSITY	stent. If an assignee is i assignment.  and STATE OR COUN SEOUL, REPUI	TRY) BLIC OF KOREA	
4a. The following fee(s) are submitted:  XI Issue (see  XI Publication Fee (No small entity discount p  XI Advance Order - # of Copies	<ul> <li>Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Psyment by credit card. Form FTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2207 (enclose an extra copy of this form).</li> </ul>				
5. Change in Entity Status (from status indicated above)  [Cla. Applicant claims SMALL ENTITY status, See 37 CFR 1.27, [Cla. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant: a registered atterney or agent; or the assignce or other part					FR 1.27(g)(2).
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